



Using Moisturizers for New-borns Prevents the Development of Atopic Dermatitis

Sydney Leibel*

Department of Pediatric Dermatology, University of Michigan, United States

INTRODUCTION

The delicate and sensitive nature of new-born skin requires special attention and care. Neonatal dermatology, the branch of dermatology dedicated to skin conditions in new-borns, holds paramount importance in ensuring the well-being of infants. This article explores the distinct characteristics of neonatal skin, common dermatological conditions affecting new-borns, diagnostic approaches, and best practices for management and care. Neonatal skin differs significantly from adult skin in structure, function, and susceptibility to various conditions. Understanding these distinctions is crucial in managing neonatal dermatological issues. Neonatal skin is underdeveloped and fragile at birth, characterized by a thinner epidermis, decreased barrier function, and higher susceptibility to irritants and infections. A protective layer covering the skin at birth, the vernix caseosa, serves as a natural moisturizer and shields the infant's skin from the external environment. Neonatal skin undergoes several physiological changes post-birth, including desquamation, variations in skin colour, and adaptation to extra uterine life. A benign rash affecting up to half of new-borns, characterized by red papules and pustules that appear within a few days after birth and typically resolve spontaneously. Small, white or yellowish cysts commonly seen on the nose and cheeks due to blocked sebaceous glands, usually disappearing within a few weeks.

DESCRIPTION

The presence of acne-like lesions on the face or upper body due to maternal hormonal influences, often self-resolving without treatment. Occurs when sweat glands become blocked, leading to small, red bumps on the skin, commonly seen in warm environments. Manifests as yellow, greasy scales on the scalp (cradle cap) or in skin folds, possibly due to excessive oil production or fungal overgrowth. Birthmarks, including haemangiomas, port-

wine stains, and congenital nevi, may be present at birth or develop shortly afterward. Diagnosis in neonatal dermatology primarily relies on a thorough physical examination, considering the appearance, distribution, and evolution of skin lesions. In certain cases, a skin biopsy may be warranted to confirm a diagnosis or rule out more serious conditions. Most neonatal skin conditions are self-limiting and require minimal intervention. Gentle skincare practices, such as using mild cleansers and moisturizers, and avoiding irritants, suffice in many cases. For specific conditions like severe atopic dermatitis or infections, medical interventions such as topical medications or antibiotics may be prescribed under medical supervision. Neonatal skin is highly susceptible to infection due to its fragile nature. Preventive measures, including maintaining cleanliness and avoiding irritants, are vital. Gentle handling of neonatal skin, avoiding excessive manipulation and harsh products, is crucial to prevent skin damage or exacerbation of conditions.

CONCLUSION

Consultation with a pediatric dermatologist or healthcare provider is recommended for persistent or concerning skin issues to ensure proper diagnosis and management. Neonatal dermatology encompasses a spectrum of conditions unique to new-borns, demanding careful observation, understanding, and management. While most conditions in neonatal dermatology are self-resolving and benign, a cautious approach to diagnosis and management ensures the well-being of new-borns. Providing gentle care, following preventive measures, and seeking professional guidance when necessary are essential in navigating neonatal skin conditions and fostering the healthy development of new-borns. The skin is the body's largest organ, serving as a protective barrier against external elements. In neonates, or new-borns, the skin undergoes a series of adaptations as it transitions from the protected environment of the womb to the outside world.

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Corresponding author Sydney Leibel, Department of Pediatric Dermatology, University of Michigan, United States, E-mail: leibel_syd542@hotmail.com

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